



Application for Intrastate Vision Exemption

Name:

First

M.I.

Last

Mailing Address:

Phone Number:

Date of Birth:

License Number:

Email or Fax:

Your application must include the following supporting documents:

- 1. Your driving record for the 3-year period from DMV
- 2. A medical examiner's certificate, from a medical examiner, that bears the statement '*Medically unqualified unless accompanied by a Federal/State Vision Exemption*'.
- 3. You must have been examined by an ophthalmologist or an optometrist in the last 3 months. The documentation required is a signed statement on letterhead by the ophthalmologist or optometrist which:
 - a. Identifies and defines the nature of the vision deficiency, including how long you have had the deficiency
 - b. States the date of the examination
 - c. Certifies that the visual deficiency is stable
 - d. Identifies the visual acuity of each eye, corrected and uncorrected
 - e. Certifies that in his/her medical opinion, you have sufficient vision to perform the driving tasks required to operate a commercial vehicle.
 - f. Attests to the fact that your vision continues to meet the standard of 49 CFR 391.41(b)(10) in the better eye.

"I, _____, acknowledge that I must be otherwise qualified under 49 CFR 391.41 (b) (1-13) or hold another valid medical exemption before I can legally operate a commercial motor vehicle in INTRASTATE commerce"

Signature

Date

Please send or bring the application and supporting documents to:
Division of Measurement Standards and Commercial Vehicle Compliance
11900 Industry Way, M-2
Anchorage, AK 99515-3592
Fax: (907) 365-1220

If you have any questions, please call Lt. Alexander Surnin @ 907-310-8036